

purely physiological one. In the case of female patients put under this treatment there are sometimes, but not so frequently nor to the same extent, observed spurts of irritability and temper; but attacks of excitement, however mild, apart from these spurts, have not been noticed in any of the female cases. The mental aspect of the therapeutics of spleen extract is very interesting, and has yet to be worked out more fully.—*Medical Press and Circular*, 1898, No. 3068, p. 185.

Generalized Erythema Following the Ingestion of Calomel.—M. CAMES-CASSE reports that an old woman, suffering from irregular heart-action resulting from a long-standing mitral insufficiency, received five doses of two-thirds of a grain of calomel at three-hour intervals on alternate days for a week. The drug was given with a small amount of sugar of milk in sweetened water. The patient was upon a milk diet, and received a simple clyster each morning. Moderate purgation and considerable diuresis ensued, with consequent diminution of anasarca and dyspnoea. Upon the day following the first day's use of the drug there was noticed a slight burning over the entire body, but especially over the face, neck, and hands. The second day redness appeared. At the end of the week the burning was atrocious, the entire surface of the skin was scarlet-red, violet in places, swollen, and thickened. The hairy-scalp remained uncolored. The palms and soles were less colored than the other surfaces, but yet were red. In a few days spontaneous cure appeared, but accompanied by an abundant and extraordinary desquamation which extended to the hairy scalp and to the mucous surfaces. First, large surfaces were detached, then small scales, and finally a whitish powder. This process lasted fifteen days, although the mucous surfaces were healed at an earlier period. There was not any elevation of temperature, nor did the redness of the mouth resemble a mercurial stomatitis.—*Bulletin Général de Thérapeutique*, 1898, 1e liv., p. 20.

The Value of Potassium Permanganate as an Antidote for Opium and its Alkaloid, Morphine.—DRS. E. Q. THORNTON and CHARLES A. HOLDER state that there are but three possible ways in which the antidote may overcome the poisonous effects of opium: 1. Chemically, by coming in contact with the alkaloids in the blood, and thereby oxidizing them. 2. By acting as a physiological antagonist. 3. Mechanically, by giving rise to severe pain, which follows the ingestion of potassium permanganate, thereby assisting in keeping the patient awake. The usual fatal dose of morphine, estimated according to the body-weight, was administered subcutaneously to six dogs, which resulted in their death in from two to three hours. In test-tubes two grains of potassium permanganate were required to reduce one grain of morphine, so that the amount of antidote was calculated on this basis. This was also administered hypodermatically, at periods ranging from a few minutes to an hour after the poison had been administered. Five dogs so treated died as promptly as those which had received no permanganate, nor did the poisonous effects of morphine appear in any way to be modified. One dog received less than a toxic dose of morphine, and, although followed by permanganate, it did not appear to modify in any way the usual non-toxic effects of morphine. Lastly, a large dose of potassium permanganate was

given subcutaneously to a dog which had not received morphine; and, with the exception of the pain, which lasted about thirty minutes, the animal appeared to suffer no inconvenience, and recovered fully. These experiments lead to most serious doubt as to the efficacy of potassium permanganate as an antidote to opium or any of its alkaloids when hypodermatically injected.—*Therapeutic Gazette*, 1898, No. 1, p. 11.

Some Effects of Cannabis Indica in Large Dose.—DR. ROBERT C. BICKNELL regards as worthy of note the existence of muscular contractions, followed later by convulsive movements, evidently due to action of the drug on the spinal cord. Aside from acceleration of the pulse-rate and a feeling of fulness in the artery at the wrist, there was, just previous to the occurrence of unconsciousness, a sense of extreme tension in the abdominal blood-vessels; they felt distended almost to bursting. After some hours the urine was markedly increased in quantity. No constipation resulted. There was no foreboding nor fear of impending death.—*Therapeutic Gazette*, 1898, No. 1, p. 13.

Strychnine Poisoning.—DR. A. HUBEL reports that two hours after intentional ingestion of this drug he thoroughly washed out the stomach, gave strong coffee and ten drops of tincture of iodine every two hours. Later, he administered seventy-five grains of potassium bromide. Recovery followed. The notable conditions, aside from the usual symptoms, were in this instance the elevation of temperature on the first day, the retention of urine, and the appearance of blood and casts in it. The first is explained by the enormous activity of the muscles; the urinary retention by the spasm of the *sphincter vesicæ*. The blood and casts can be explained by the irritation which strychnine in large doses produces in the kidney. During convalescence the influence of strychnine upon metabolism was marked in that the chlorides and phosphates were markedly diminished at the commencement, but increased daily in amount, while the urea remained constant as in normal urine.—*Münchener medicinische Wochenschrift*, 1898, No. 1, S. 7.

Liquid Benzoin for Benzoinating Lard.—MR. RICHARD M. SHOEMAKER, noting that the benzoin of commerce is largely adulterated, macerates for twelve hours benzoin, 20, in ether, 40, filters, and dissolves castor-oil, 15, in the filtrate, from which the ether is carefully distilled. This oily product contains the benzoic acid and the volatile principles. To make benzoinated lard, white wax, 20, is melted by steam-heat with dehydrated lard, 965, to eliminate water; the above liquid, 15, is added and the mixture stirred until cold. In warm weather a larger amount of wax should be used.—*American Journal of Pharmacy*, 1898, No. 1, p. 9.

Electrotherapy in the Treatment of Certain Forms of Neurasthenia.—DR. G. APOSTOLI states that each method of using electricity will have its special indications and contra-indications. Speaking generally, local applications, whether of faradism or galvanism, should be second to the general, which may be static baths or baths of rapidly alternating currents. The more that neurasthenia is complicated by peripheral nervous trouble (such as